Division of Supportive Living DSL-367 (Rev. 8/99)

COMMUNITY ADVISORY COMMITTEE DOCUMENTATION

The information collected on this form may be used to document good faith effort by the licensee to establish a community advisory committee as required in s. 50.03, Wis. Stats. and HFS 83.07(4), Wis. Admin. Code. Completion of this form is optional and other forms of documentation may be accepted. The license applicant will complete and maintain this form, or other forms of documentation, such as meeting minutes, agenda items, attendees, in the facility's files for review by the licensing specialist.

Proposed Facility Name					
Address					
City			State		Zip Code
1.	If you had a meeting with area neighbors, please respond to the following questions:				
	a. On what date was your meeting with area neighbors held?				
	b.	How many people attended this meeting?	<u></u>		
2.	to es	u do not plan to hold a meeting with area neigh tablish a community advisory committee. Verif nbors must be maintained in facility files.	bors, please expla iable documentatio	in below how you on of your effort to	made a good faith effort o communicate with area
3.	 Is a community advisory committee being formed? Yes No a. If "Yes", please provide the information pertinent to the composition of your committee on the back of this form. b. If "No", please explain on the back of this form why a committee is not being formed. 				
Signature of Applicant					Date
Address					
City, State and Zip					